Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL Attorney Docket No. Address to: First Named Inventor **Assistant Commissioner for Patents** Original Patent Number **Box Reissue** Original Patent Issue Date Washington, DC 20231 (Month/Day/Year) Express Mail Label No. APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent (Check applicable box) **APPLICATION ELEMENTS (37 CFR 1.173) ACCOMPANYING APPLICATION PARTS** Fee Transmittal Form (PTO/SB/56) Statement of status and support for all changes 10 (Submit an original, and a duplicate for fee processing) to the claims. See 37 CFR 1.173 (c). Applicant claims small entity status. See 37 CFR 1.27. 2 Original U.S. Patent for surrender Specification and Claims in double column copy of patent Ribboned Original Patent Grant format (amended, if appropriate) Statement of Loss (PTO/SB/55) Drawing(s) (proposed amendments, if appropriate) Foreign Priority Claim (35 U.S.C. 119) Reissue Oath/Declaration (original or copy) (if applicable) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) Information Disclosure Copies of IDS 6 Power of Attorney Statement (IDS)/PTO-1449 Citations Original U.S. Patent currently assigned? English Translation of Reissue Oath/Declaration (if applicable) (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53) Preliminary Amendment 37 C.F.R. § 3.73(b) Statement Return Receipt Postcard (MPEP 503) (PTO/SB/96) 16 (Should be specifically itemized) CD-ROM or CD-R in duplicate, Computer Program (Appendix) 17. Other: or large table Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) Computer Readable Form (CRF) b. Specification Sequence Listing on: i ☐ CD-ROM (2 copies) or CD-R (2 copies); or ii □ paper Statements verifying identity of above copies 18. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label or Correspondence address below (Insert Customer No. or Attach har code label here) Name Address Zip Code City State Fax Country Telephone Registration No. (Attorney/Agent) NAME (Print/Type)

Signature

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC

20231.